

FILED MAY 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19317**

BIRTH NO.

REG. DIST. NO.

**318**

PRIMARY REG. DIST. NO.

**1003**

Registrar's No.

**4338**

## 1. PLACE OF DEATH

a. COUNTY

b. CITY  
OR  
TOWN**ST. LOUIS**c. LENGTH OF  
STAY (in this place)  
**86**d. FULL NAME OF  
HOSPITAL OR  
INSTITUTION**2017 NO. 9th ST.**

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

**MISSOURI**

b. COUNTY

c. CITY  
OR  
TOWN**ST. LOUIS**d. Is Residence within limits of  
a city or incorporated town?  
Yes ☒ No ☐e. STREET  
ADDRESS

(If rural, give location)

**2610 2017 NO. 9th ST**4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

**May****5****1957**9. AGE (In years  
last birthday)**86**IF UNDER 1 YEAR  
Months Days Hours Min.11. BIRTHPLACE  
(City and State or Foreign Country)**ST. LOUIS, MISSOURI**12. CITIZEN OF WHAT  
COUNTRY?  
**USA**3. NAME OF  
DECEASED  
(Type or Print)

a. (First)

**EMIL**

b. (Middle)

**A.****SOMMERFRUECHTE**

c. (Last)

5. SEX  
**M**6. COLOR OR RACE  
**W**7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)  
**NEVER MARRIED**

8. DATE OF BIRTH

**DEC. 11, 1870**10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)**UPHOLSTERER**10b. KIND OF BUSINESS OR IN-  
DUSTRY**AUTOMOTIVE**

13a. FATHER'S NAME

**CHRISTIAN SOMMERFRUECHTE**

13b. MOTHER'S MAIDEN NAME

**AUGUSTA SPIELMAN**

14. NAME OF HUSBAND OR WIFE

**NONE**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**NONE**16. SOCIAL SECURITY  
NO.**NONE**

17. INFORMANT'S SIGNATURE OR NAME

**RUSSELL HEREMAN, 2017 a NO. 9th ST.**

ADDRESS

18. CAUSE OF DEATH  
Enter only one cause per  
line for (a), (b), and (c)\*This does not mean  
the mode of dying, such  
as heart failure, asthma,  
etc. It means the dis-  
ease, injury, or complica-  
tion which caused death.I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

MEDICAL CERTIFICATION

*Prominent Toxication**Nephritic Crisis**Central Nervous System**Serious*INTERVAL BETWEEN  
ONSET AND DEATH**1 week****276****276****276****276****276****276**19a. DATE OF OPERA-  
TION

19b. MAJOR FINDINGS OF OPERATION

**44-6x**

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about  
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME  
OF  
INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/11**, 19**55**, to **5/5**, 19**57**, that I last saw the deceased  
alive on **5-2**, 19**57**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

**2505 N. FLORISSANT AVE**

23c. DATE SIGNED

**5/6/57**24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)**BURIAL**

24b. DATE

**MAY 8, 1957**

24c. NAME OF CEMETERY OR CREMATORY

**BEAUFONTAINE CEMETERY**

24d. LOCATION (City, town, or county)

**ST. LOUIS, MO.**DATE REC'D BY LOCAL  
REG.**MAY 7 '57**

REGISTRAR'S SIGNATURE

*Carl Smith Mo*

25. FUNERAL DIRECTOR'S SIGNATURE

**BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE**

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 34

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.